



DISABILITY VERIFICATION FORM

The student named below is requesting accommodations on the basis of a disability at Pomona College. To determine eligibility for services, we require current and comprehensive documentation of their diagnosed condition resulting in impairment to functional abilities. The information provided here is confidential and will not become part of the patient's educational records. Please complete this form legibly and fill out entirely to avoid any delays.

SECTION I: STUDENT INFORMATION

STUDENT NAME _____ ID: _____ BIRTHDATE (MM/DD/YYYY) _____

SECTION II: DIAGNOSTIC INFORMATION

1. DIAGNOSIS _____ DSM/ICD CODE _____

ONSET DATE 5 (I) 0.5 (C) 3.1 () -27.1 (-11.5 (I) 0 () 10.8 () 710.9 () 10.9 () 10.8 () 10.99 ()] TJ 0 Tc 0.00



Accessibility Resources & Services
550 North College Avenue
Claremont, CA 91711
Office: 909.621.8017 | Fax: 909.607.7288
Email: Disability@pomona.edu

SECTION: RECOMMENDED ACCOMMODATIONS